SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58

(715) 373-6138 Washburn, WI 54891

WW 29 7012 m

Permit #:

8189.00 100.00

Styling Co. Zonling Dept. 1 Kg Baywold Co. Zoning Daperund: \$750.°° 

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2/25/12

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

				☐ Municipal Use			Commercial Use					Residential Use			Proposed Use	Proposed Construction:	Existing Structure: (if permit being applied for is relevant to it)			Z Z	S Cor		Z	Value at Time of Completion * include donated time & (what	Non-Shoreland	<b>Y</b>	1	Section 3, 1	NE 1/4, NO	PROJECT Legal	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor:	Address of Property:	Owner's Name:	TYPE OF PERMIT REQUESTED-
_ 0 <u>2</u>	C01	□ Spe	AC	+	<del>  </del>		□ Bu			To be the second			<b>-</b>	□ Prii	*		rmit being ap	- Partition of the Part	Property	Rena Business on	Conversion	Addition/Alteration	New Construction	Project (What are you applying for)		Property/Lanc	Property/Land k or Landward	, Township	_ 1/4	Legal Description:	ning Application (	4	172	7′	352
Other: (explain)	Conditional Use: (explain)	Special Use: (explain)	Accessory Bullaing Addition/Aiteration	Accessory bulluling (specify)	3	Mobile Home (manufactured date)	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or	with Attached Garage	with (2 <sup>nd</sup> ) Deck	with a Deck	with (2 <sup>nd</sup> ) Porch	with a Porch	Residence (i.e. cabin, hunting shack, etc.)	Principal Structure (first structure on property)			plied for is relevant to it)	Exp.		on No Basement	]		ion 1-Story	# of Stories and/or basement		☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain?  If yes—continue —▶	N, Range 8 W	Gov't Lot Lot(s) (	(Use Tax Statement) 04-	-	) con	1 RR B		VIAND USE SANITARY
- Carrier - Carr	The state of the s		/Aiteration (specify)		3 S S S S S S S S S S S S S S S S S S S	date)	r □ sleeping quarters, <u>or</u>	iarage				- A - A - A - A - A - A - A - A - A - A	g shack, etc.)	ucture on property)	Proposed Structure	Length: 🚜	Length:					Year Round	X Seasonal	Use		₩		POAT WINE	CSM Vol & Page	PIN: (23 digits) 04-062-2-65-05	-Au-	one:	City/State/Zip:		□ PRIVY □
			The state of the s	- 11	ا ا ا ا							- the Adaptive State of the Sta								None	3		7	# of bedrooms		Distance Structure	Distance Structure		Lot(s) No.	2 01-6	nt Mailing Addr	Plumber:	ブ	R	CONDITIONAL USE
	Adams	And the state of t	t minutes and a second		A		cooking & food prep facilities)	<b>W</b> ATER STREET								Width:	1 1	None	Compost Toilet	Portable (v	Sanitary (Exists) Specify Type:		☐ Municipal/City	Sew Is		ture is from Shoreline :	ture is from Shoreline : fee		Block(s) No.	000 ~ 1C000	Agent Mailing Address (include City/State/Zip):	AMARAGAMA	6	Port w	
~	_		-				es) (	_	)	_		-	-		D <u>.</u>			-	oilet	//service con	xists) Speci	tary Specif	City	What Type of Sewer/Sanitary System Is on the property?		reline :	reline : feet	Lot Size	Subdivision:	Recorded D	State/Zip):	a projekt dipper	38/26	- N	☐ SPECIAL USE
×	×	×	;		x U x	×	×	×	×	×	×	×	××	×	imensions	Height:	Height:			tract)	Valilted (min 200 gallon)	Specify Type:		e of y System perty?	munici pirtiting	E-Mo	Is Property in Floodplain Zone?		-	Jocument: (i.e	Writter Attache	Plui	5	Tek	□ B.O.A.
}			-	7	) 16 30 A			)		)	)	a distribution of the second		Attrigue	Square Footage			****		0	O gallon)	X Well	□ City	Water	***************************************	O Yes	Are	Acreage 15 4/	a. a da yeon	Recorded Document: (i.e. Property Ownership)  Volume Page(s)	Written Authorization Attached □ Yes □ No	Plumber Phone:	Cen rughe:	Telephone: 75 77 4 357	□ OTHER

FAILURE TO OBTAIN A PERMIT ON STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I(we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose (Inspection. Sinspection.  $\stackrel{>}{>} \phi$ Date

Authorized Agent:

Address to send permit

TOC 1 ISSUMMENT Se signing on behalf of the owner(s) a letter of authorization must accompany this application)

Owner(s):

(If there are Multiple Owners listed on the Deed MI Owners must sign or letter(s) of authorization must accompany this application)

Date

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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